

Illicit Drug Trade - Impact on United States National Health Care

by

Ms. Camala M. Price
Department of Defense Civilian



United States Army War College
Class of 2013

DISTRIBUTION STATEMENT: A

Approved for Public Release
Distribution is Unlimited

This manuscript is submitted in partial fulfillment of the requirements of the Master of Strategic Studies Degree. The views expressed in this student academic research paper are those of the author and do not reflect the official policy or position of the Department of the Army, Department of Defense, or the U.S. Government.

The U.S. Army War College is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools, 3624 Market Street, Philadelphia, PA 19104, (215) 662-5606. The Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation.

REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
<p>The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</p>					
1. REPORT DATE (DD-MM-YYYY) xx-03-2013		2. REPORT TYPE STRATEGY RESEARCH PROJECT		3. DATES COVERED (From - To)	
4. TITLE AND SUBTITLE Illicit Drug Trade - Impact on United States National Health Care				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Ms. Camala M. Price Department of Defense Civilian				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Dr. Gabriel Marcella Department of National Security & Strategy				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army War College 122 Forbes Avenue Carlisle, PA 17013				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Distribution A: Approved for Public Release. Distribution is Unlimited.					
13. SUPPLEMENTARY NOTES Word Count: 5,569					
14. ABSTRACT <p>The United States and Mexico face a myriad of threats to national security: terrorism, crime, illicit drug trafficking, contraband, gangs, illegal logging, trafficking in persons, climate change, and cyber-attacks. The illicit drug trade stands out and continues to present challenges that place a tremendous strain on the United States' national health care system. Both countries are heavily invested in the law enforcement fight against drugs. Bilateral efforts are looking at more holistic ways to have positive impacts. United States interagency cooperation is prevalent; however there is much work to be done to stem the tide of illicit drugs and their effects on individuals and communities. This paper identifies the effects of the four primary drugs – marijuana, cocaine, heroin and methamphetamines – and the challenges they pose as national leaders move forward to reduce threats to the United States health care system. Recommendations follow.</p>					
15. SUBJECT TERMS Mexican Drug Trade, National Drug Policy					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT UU	18. NUMBER OF PAGES 32	19a. NAME OF RESPONSIBLE PERSON
a. REPORT UU	b. ABSTRACT UU	c. THIS PAGE UU			19b. TELEPHONE NUMBER (Include area code)

USAWC STRATEGY RESEARCH PROJECT

Illicit Drug Trade - Impact on United States National Health Care

by

Ms. Camala M. Price
Department of Defense Civilian

Dr. Gabriel Marcella
Department of National Security & Strategy
Project Adviser

This manuscript is submitted in partial fulfillment of the requirements of the Master of Strategic Studies Degree. The U.S. Army War College is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools, 3624 Market Street, Philadelphia, PA 19104, (215) 662-5606. The Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation.

The views expressed in this student academic research paper are those of the author and do not reflect the official policy or position of the Department of the Army, Department of Defense, or the U.S. Government.

U.S. Army War College
CARLISLE BARRACKS, PENNSYLVANIA 17013

Abstract

Title: Illicit Drug Trade - Impact on United States National Health Care
Report Date: March 2013
Page Count: 32
Word Count: 5,569
Key Terms: Mexican Drug Trade, National Drug Policy
Classification: Unclassified

The United States and Mexico face a myriad of threats to national security: terrorism, crime, illicit drug trafficking, contraband, gangs, illegal logging, trafficking in persons, climate change, and cyber-attacks. The illicit drug trade stands out and continues to present challenges that place a tremendous strain on the United States' national health care system. Both countries are heavily invested in the law enforcement fight against drugs. Bilateral efforts are looking at more holistic ways to have positive impacts. United States interagency cooperation is prevalent; however there is much work to be done to stem the tide of illicit drugs and their effects on individuals and communities. This paper identifies the effects of the four primary drugs – marijuana, cocaine, heroin and methamphetamines – and the challenges they pose as national leaders move forward to reduce threats to the United States health care system. Recommendations follow.

Illicit Drug Trade - Impact on United States National Health Care

I believe that in the Americas today, there are no senior partners and there are no junior partners, there are only equal partners. Of course, equal partnerships; in turn demand a sense of shared responsibility. We have obligations to each other

—President Barack Obama
Santiago, Chile, March 21, 2011¹

The United States and Latin America face a myriad of threats to national and multi-national security: terrorism, crime, drug trafficking, contraband, gangs, illegal logging, trafficking in persons, climate change, and cyber-attacks. Our closest Latin American neighbor, Mexico, has law enforcement challenges which have been bleeding into the United States for decades. The turmoil in Mexico puts a tremendous strain on the United States' national health care system. This paper will focus on the challenges and impact of illicit drug trafficking and where appropriate, recommend modifications or enhancements to defense and national policy to reduce threats to the United States health care system and inherently national security.

Background

The United States published *the National Drug Control Strategy* in 2012. This strategy was built with interagency input and civilian health care expertise. The strategy has two overarching goals to be attained by 2015. The first is to curtail illicit drug consumption in America. The second is to improve the public health and public safety of the American people by reducing the consequences of drug abuse.² President Obama and Mr. R. Gil Kerlikowske, Director of National Drug Control Policy, have pledged to move forward in a balanced approach. This approach includes law enforcement but looks to improve community based programs as well as programs to

fight drug addiction at its earliest stages. The strategy also works towards justice system reforms and interagency and international collaboration to reduce illicit drug trafficking and its impacts.

The Department of Defense (DoD) released *the Western Hemisphere Defense Policy Statement* in October 2012. Secretary of Defense Panetta stated,

In a resource constrained environment, DoD will focus its security cooperation efforts in the Hemisphere to enhance partnering bilaterally and regionally, based on shared security interests.” He goes on to identify, “DoD will support the role of defense institutions in addressing the threats of the 21st century, help partners develop mature and professional forces, and promote integration and interoperability. This new policy is the foundational basis for the improvement and expansion of the United States – Mexico relationship in the Western Hemisphere. It will guide us as we confront the varying challenges to United States national security in the future.³

Both the new *National Drug Control Policy* and *the Western Hemisphere Policy* statements expand collaboration opportunities for the United States and Mexico to improve the human implications of the struggle against illicit drugs.

Mexican writer and diplomat Luis Quintanilla postulates, “We, in the Western Hemisphere, belong to a community of neighbors, not only do geographical closeness and similar historical backgrounds bring us together, but we all share in common an idea about the organization of society and of the world.”⁴ These are resounding statements. Any potential success in medical or humanitarian efforts are implicit in the modern fight to save our country, our economy, and the lives of those involved or on the periphery of the illicit drug trade. “We are all united in pursuing drug policies that are balanced, realistic, and focused on the public health and safety of our citizens.”⁵

With the re-election of President Barack Obama and the election of the Mexican President, Enrique Peña Nieto, a positive relationship has the potential to grow and

improve efforts to bring economic growth to Mexico and the expectation of further reductions in illicit drug trafficking and violence which has plagued North America region for so many years. Although the United States and Mexico have made progress towards reducing illicit drug imports into the United States, there is a lot of work left to accomplish. As we enter into the second decade of the 21st century, we must look for new ways to address the impact the illicit drug trade is having as well as its second and third order effects. Furthermore, we must address ways in which we can improve and mitigate these impacts.

Like Defense and other federal agencies, the Department of State has an important role in the fight against illicit drugs. According to former Secretary of State Hillary Rodham Clinton, “The U.S. is committed to citizen safety in Central America... We are doing everything we can in the fight against corruption and impunity, in providing the equipment and the support that law enforcement and the military require, and helping to build civil society to stand against the scourge of drug trafficking.”⁶ Part of State’s strategy or effort is the Central America Regional Security Initiative (CARSI) which consists of five objectives: create safe streets for the citizens in the region; disrupt the movement of criminals and contraband within and between the nations of Central America; support the development of strong, capable and accountable Central American governments; re-establish effective state presence and security in communities at risk; and foster enhanced levels of security and rule of law coordination and cooperation between the nations of the region.⁷ Many other groups have conducted bilateral meetings and come up with focused efforts addressing these

important issues. Most of these approaches address security and economics but are absent of language addressing opportunities to improve health care.

Some of the other preeminent partnerships and agreements underway between the United States and Mexico and other Central American countries fighting the illicit drug trade include: the Merida Project, Bilateral Working Groups, United States Southern Command (SOUTHCOM) Medical Readiness Training Exercises,⁸ and the Department of Health and Human Services (DHHS) collaboration with the Mexican Secretariat of Health. These partnerships are netting positive results. Additionally, there are excellent trade activities underway meant to bring economic prosperity throughout North America. An example is the North American Free Trade Agreement (NAFTA), established in 1994. It removed most barriers to trade and investment among the United States, Canada, and Mexico.⁹ One of the side effects of NAFTA is the fact it provided legitimate trade routes which allowed illegal drug cartels on both sides of the border to prosper.

Mexico has a number of economic problems: it suffers from both unemployment and under employment (taken together, the figure is about twelve percent), depressed wages (about 46.2 percent of the population lives in poverty), and overall disenchantment with the former Mexican President Calderon's economic policies.¹⁰ The Obama Administration has devoted nearly \$1 billion to alternative development programs during the past three years to spur economic growth and change, providing economic incentives and increased security to farmers in drug producing regions in the Western Hemisphere. Between 2007 and 2012, the United States provided almost \$17 million for the Global Health and Child Survival account to Mexico.¹¹ In 2011, the World

Bank Group provided \$46.9 billion for 303 projects in developing countries around the world. One of these projects is improving health care delivery in Mexico.¹² These are positive actions which go a long way towards building institutions and processes to counter some of the violence stemming from the illicit drug trade.

The illicit drug trade is not a Mexican only epidemic. The American appetite for narcotics is the fuel for the Mexican drug trade. Another driver is the strong American drug enforcement community that makes it prohibitive for drug lords to openly develop and run their illegal enterprises within the United States. An example of this is the United States control and enforcement of methamphetamine making ingredients. It is extremely hard for Americans to sustain a large scale drug operation due to restrictions to access to illicit drug ingredients.¹³ Mexican drug lords do not have the same restrictions. *The National Drug Control Strategy Report of 2012* reports that “in 2011, the United States and its allies removed 193 metric tons of cocaine from the illicit supply chain as it traveled to the United States from South America and Central America.”¹⁴ Unfortunately, that is not enough to make a much needed dent in the supply of illicit drugs.

Mexico’s drug-traffic industry is a highly profitable, diversified business. It concentrates in the production and distribution of four main products - marijuana, cocaine, heroin, and methamphetamines. This industry is the primary exporter of illegal drugs coming into the United States. Approximately 70 percent of all drugs consumed in the United States come through Mexico.¹⁵

Of the four Mexican products, marijuana is the most demanded and the most competitive drug on the market. The growth, processing, and transportation of

marijuana is done by several micro and small “firms” without the intervention of major drug cartels.¹⁶ A consequence of this large number of small-quantity producers, and in severe contrast with other illegal drug markets, is that the total amount of seizures come from hundreds of people caught with small loads and not from a small number of large-size seizures.¹⁷ This makes targeting and cracking down on these producers a challenge for law enforcement agencies.

There are opposing views about the risks of using marijuana. There is a strong pro legalization movement for marijuana. The Drug Enforcement Administration (DEA) is in total opposition to the legalization whether medically related or not. When it is smoked, marijuana (also known as tetrahydrocannabinol (THC)) passes quickly from the lungs into the bloodstream, which then carries the chemical to the brain and other organs throughout the body. Regardless of how THC is ingested, it acts upon specific molecular targets on brain cells and affects normal brain development and function. Marijuana can cause the user to have distorted perceptions, impaired coordination, difficulty with thinking and problem solving, and disrupted learning and memory.¹⁸

Cocaine is the second most important Mexican drug in terms of quantity. Mexican cocaine profits come from transshipment services, not from growing or processing. In fact, the cocaine leaf is grown in the Andean region of South America and Mexican cartels are only responsible transiting the drug into the United States. Although Mexican cartels do not take part in the whole cocaine production chain, cocaine is still very profitable because Mexican traffickers control almost all the United States market.

The State Department's *International Narcotics Control Strategy Report for 2012* identifies that approximately 95 percent of the cocaine coming from South America passes through Mexico.¹⁹ In 2008, it was estimated that 42 percent of the cocaine entering the United States came through Central America, rising to 60 percent in 2010.²⁰ It is believed that guns left over from Central American wars of the 1980s, weak and corrupt public security institutions, gangs, proximity to Mexico and the United States, and lots of under governed space, facilitate the movement of cocaine.²¹

Heroin is the third most important of the Mexican drug products. Heroin can be smoked, injected, or snorted. It is a highly dangerous and addictive drug. Heroin is particularly addictive because it enters the brain so rapidly. With heroin, the rush is usually accompanied by a warm flushing of the skin, dry mouth, and a heavy feeling in the extremities, which may be accompanied by nausea, vomiting, and severe itching.²² Heroin is transported and produced in Mexican fields. Inside Mexico, the primary region for this production is the so-called "golden triangle" formed by the states of Sinaloa, Chihuahua and Durango. Heroin from this region is about one-third of the American market.²³ Although, compared with the cocaine and marijuana industry, Mexico is a relatively small supplier. Estimates show Mexico only produces about 2.17 percent of the total world consumption; the heroin market is dominated by countries such as Afghanistan. Due to the seriousness and effects of heroin, even 2.17 percent of the heroin flowing in to the United States from Mexico is too much.

The fourth drug – methamphetamines, also known as "meth" - is the newest and hottest product to hit the illicit drug market. Meth is the most dangerous – dependency on meth causes rapid impairment of cognition and judgment as it is a central nervous

system stimulant drug. Most of the meth abused in the United States comes from foreign or domestic super labs, although it can also be made in small, illegal laboratories, where its production endangers the people in the labs, their neighbors, and the environment. Meth is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol and is taken orally, snorted through the nose, via needle injection, or by smoking.²⁴ Small amounts of meth can result in many of the same physical effects as those of other stimulants, such as cocaine or amphetamines, including increased wakefulness, increased physical activity, decreased appetite, increased respiration, rapid heart rate, irregular heartbeat, increased blood pressure, and hyperthermia.

Long-term meth abuse has many negative health consequences, including extreme weight loss, severe dental problems (“meth mouth”), anxiety, confusion, insomnia, mood disturbances, and violent behavior. Meth has some strange side effects. Those abusing the drug can have psychotic episodes, including paranoia, hallucinations, and delusions. Abusers are also highly likely to transmit communicable diseases because of their drug induced risky behaviors. HIV and Hepatitis cases in meth users are consistently higher in users versus non users. This is due to the intoxicating effects of meth. Among abusers who inject the drug, HIV/AIDS and other infectious diseases can be spread through contaminated needles, syringes, and other injection equipment that is used by more than one person. Meth abuse may also worsen the progression of HIV/AIDS and its consequences.²⁵ Although the exact amount of revenue generated by marijuana, cocaine, heroin, and meth is unknown, it is clear that illegal drugs are extremely profitable. According to the DEA, Americans spend over \$6.6

billion dollars on illegal drugs annually. All of these products, the demand, and the United States and Mexican attempts to stem this through military and police action have put a strain on the national health care systems of both countries. According to congressional testimony and expert testimony,

“It is clear that since 2007, the drug situation in Mexico has deteriorated with the transformation of drug cartels into transnational criminal organizations. These organizations are using their power to attempt to undermine the Mexican government through tactics labeled as characteristics of an insurgency. The violence in Mexico is a well-funded criminal insurgency raging along the southern border, threatening the lives of United States citizens and harming the economy by undermining legal business.”²⁶

During his tenure, the former Mexican President Calderon called on Mexican society to brace itself for a prolonged period of violence. He then deployed the military to the streets of Mexican cities marred by drug violence and engaged in a war with the cartels. Over the past 5 or 6 years, there have been over 75,000 deaths – including a high number of arrests and killings of leading cartel members – and the virtual elimination of a number of smaller cartels.²⁷ President Peña Nieto has the Mexican voters continued support of Calderon’s strategy. Again this is a problem which has brought the Mexican population immense hardship, especially in the north, where drug trafficking organizations have engaged in a bloody war both against the government and each other for the prime trafficking routes. Nationwide, the total number of murders has surged from just under 10,000 in 2005 to over 27,000 in 2011.²⁸ These statistics offer a view into the need for additional tactics to address the crime and violence that are plaguing Mexico. It is an opportunity for the new Mexican administration to improve drug policies to incorporate a more holistic human dynamic.

Medical Concerns

All of the violence and disruption of the illicit drug trade has led to a national health care crisis. Reasons for the health care epidemic include dependency addiction, HIV/AIDS, hepatitis C, health care complications due to chronic illnesses caused by drug abuse, i.e., heart disease, kidney failure, etc., for United States and Mexican illegal drug users. Mental health related substance abuse disorders are overwhelming the criminal justice systems and the health care systems. The high cost of death and destruction is prevalent in the southwest region. You cannot pick up a border state newspaper without reading about continued drug violence and death. There are tremendous costs generated by injury, maiming, and of course, drug addiction on both sides of the border are overwhelming the health care system. The drug epidemic has spread throughout the United States, and can be seen wherever there are high concentrations of illegal drug activity. For those people who survive, there can be long-term traumatic physical and emotional wounds. Adding to this stress is the lack of funding for health care workers available to treat and heal those impacted by the illicit drug trade.

There are studies and surveys that show American youth are over exposed to illicit drugs. Young people are the future of the nation. With drug dependency and violence spiraling out of control, the military is at risk as the pool of eligible candidates for recruitment goes down. Further, the illegal drug activities for those already inside of DoD organizations put the nation's military forces at risk. DoD is dealing with increased use and abuse of prescription and illegal drugs among service members and their families. Illegal drug use is an issue affecting the readiness of military forces. Since 1999, more than 17,000 service members were discharged from the military for drug

related offenses. The Navy has discharged more than 3,400 sailors. The Air Force's failed drug test numbers increased by 82 percent. The Army's failed drug test rates increased by 37 percent.²⁹ Illicit drug use undermines the military's need for strict order and discipline. With evidence of gang and drug related infiltration of the current war weary force, DoD is addressing this situation including several health related research projects. The fiscal year 2013 National Drug Control budget requested \$25.6 billion to reduce drug use and its consequences in the United States. This is \$415.3 million or 1.6 percent increase over the fiscal year 2012 budget.³⁰ DoD and the Department of Veterans Affairs are also working on new ways to address drug use among active military, veterans, and their families.³¹ Stemming the tide of supply and demand is imperative. The evidence of the destructive nature of illegal drug use is overwhelming. Just attacking this from a law enforcement position has not had the necessary effects to turn the tide. It is in the national interest to take a more holistic approach to the struggle against illicit drugs beyond strictly a law enforcement perspective.

Political and Legal Issues

Latin America enjoys the dubious honor of having the highest level of crime in the world. With only 8 percent of the world's population, 42 percent of the murders in the world occur in Latin America.³² Today, the United States and Mexican drug policy view illicit drugs and their use as a criminal disposition much more so than a health epidemic issue. Because of this exact stance, both sides have overloaded criminal justice systems. Prisons in the United States and around the world are filled with lots of people incarcerated on drug-related charges, many of whom were driven to drugs or drug dealing due to addiction or poverty. "High incarceration levels not only have a negative impact on those who are incarcerated, but also place huge economic burdens on their

families and societies. Frequently, the punishment is vastly disproportionate, with lengthy prison stays handed out for minor offenses."³³ It is past time to adjust this paradigm in the military and civilian communities. Many groups within the United States are addressing this. *The 2012 National Drug Control Policy* identifies treatment of illicit drug use and abuse as a national health care epidemic. This is a positive sign.

Marijuana appears to be making the leap into the forefront of the national stage from a personal use perspective. By legalizing marijuana through referendum, Colorado and Washington have fundamentally changed the national conversation about cannabis from medical use to personal use. As many as 58 percent of Americans now believe marijuana should be legal. The political establishment is catching on. Former President Jimmy Carter came out in December 2012 and endorsed taxed-and-regulated weed. "I'm in favor of it," Carter said. "I think it's OK."³⁴ In a December 5, 2012 letter to Attorney General Eric Holder, Senate Judiciary Chairman Patrick Leahy (D-Vermont) suggested it might be possible "to amend the Federal Controlled Substances Act to allow possession of up to one ounce of marijuana, at least in jurisdictions where it is legal under state law."³⁵ Even President Obama hinted at a more flexible approach to prohibition, telling 20/20's Barbara Walters that the federal government was unlikely to crack down on recreational users in states where pot is legal, adding, "We've got bigger fish to fry."³⁶

This shift is reopening the conversation of marijuana legalization, however, the Department of Justice and the DEA will continue to uphold the Controlled Substances Act. The DEA is adamant they only target criminals engaged in the cultivation and trafficking of marijuana within the United States border. They do not target sick and

dying people using the drug.³⁷ The DEA remains opposed to legalization of marijuana and purports that it will come at the expense of children and public safety.

Whatever direction the United States Government moves forward, a cooperative international law enforcement effort is essential to combating the illicit drug trade.³⁸ This is what people are seeking on the Mexican border. An adjustment in policy to not only fight transnational crime organizations, but also to take an expanded approach to include reducing the demand for illicit drugs through improved health care and criminal justice adjustments are a start. It will not be easy because there are very powerful economic incentives that will make it difficult to stop the surge in illicit trade that finances the violence in these and other regions of the world. The United States and Mexico have a long history as engaged neighbors. As we see and implement more holistic methods to stem the tide of illicit drugs, we must also be prepared from a security perspective of the impacts and reaction by the transnational criminal organizations. As funding is added to health care in the form of rehabilitative services, and demand for illicit drugs diminishes, we can expect to see some back lash and violence against treatment centers and retaliation towards those seeking a better life. We could also see new tactics from transnational crime organizations reaching out for new populations of users. The United States approach must be flexible to adapt and combat against this.

The capacity of national civilian authorities, including law enforcement, throughout the hemisphere is uneven in the illicit drug fight. There is a need to address this imbalance. In some countries civilian authorities have been overwhelmed by the magnitude of the response required by the security challenges they face. This gap in civilian capacity has led some national leaders to expand their reliance on the armed

forces to supplement law enforcement and provide humanitarian support. Some militaries lack sufficient legal foundations, doctrine, training, equipment, and procedures to promote cooperation across their governments and many are ill prepared to fulfill these temporary roles.³⁹ Funding to change or improve capacity is a must if both sides expect to improve their successes. The use of the military to perform civil law enforcement cannot be a long-term solution. However, as other United States security cooperation efforts work to build the capacity of civil authorities and partner nation law enforcement, DoD will continue to support defense partners to give them the best opportunity to succeed in bridging these gaps.⁴⁰ Drug enforcement policies should have the police as the enforcement arm. The United States is making this shift on the Mexican Border. In the fiscal year 2013, the national drug control budget request for National Guard boarder control support was reduced by \$35 million less than last year's budget.⁴¹

There is considerable evidence that improvement is needed in terms of measuring the success of programs being used to address the effectiveness of United States efforts. The Mexican drug cartels have capitalized on the United States' sluggish assistance to actively undermine the Mexican state through insurgent activities such as violence, corruption, and propaganda.⁴² Again, there is opportunity to address and develop improved strategies to impact and decrease transnational activity along the border and reduce the violence and the second and third order effects.

Today, we have new leaders on both sides of the border. We have a trend of public opinion which supports a more open dialog discussing possible changes to current law for access to personal use of marijuana as a state controlled drug. Mexico

has already leaned towards decriminalization of marijuana on an individual basis.

Although official changes have not been made, there is a trend to ignore minor personal possession by individual citizens. This is a good start in pausing to reassess not only the struggle against drugs policy but on a new holistic approach that goes along with the law enforcement, military, and economic lines of attack as we move forward to reduce the traumatic and often deadly consequences of this decades old fight.

The Mexican government has begun to reevaluate options beyond law enforcement and military intervention. They are looking at legislative reforms working to root out corruption, public health campaigns, institutional reform and much more as they begin to claim their rightful and legitimate place in the Western Hemisphere and the global arena. Like most problems of extreme complexity, the entire struggle against drugs has been a persistent volatile, uncertain, complex, and ambiguous (VUCA) situation. There are no easy answers to such a wicked problem. However, now that we are seeing the impacts of decades of illicit drug activity and the devastating effects of a law enforcement strategy, there is the opportunity to approach the issues from a new direction. Working with Canada and Mexico, DoD remains prepared to deter and defeat direct threats to our homeland. The United States, Canada, and Mexico are working trilaterally to address narcotics trafficking and natural disasters through the North American Defense Ministerial process.⁴³

Several countries have evaluated and transitioned into a more holistic approach by not only focusing on security but addressing individual legalization in order to stem the overwhelming demand for illicit drugs. Countries like Portugal, Czech Republic, Ecuador, Netherlands, Switzerland, and Mexico, to name a few, have begun to explore

alternative approaches like decriminalization of small amounts of certain drugs like marijuana. Some positive results are a reduction of usage. Portugal stands out as an example of a country that has made progress towards a more balanced approach. In 2001 it decriminalized drug possession, including 25 grams marijuana, 5 grams of hashish, 2 grams of cocaine, 1 gram of heroin, and 10 pills of LSD or ecstasy, all of which are considered a 10 day supply per person.⁴⁴ According to Global Community on Drug Policy, Portugal has become an international model for drug policy reform.⁴⁵

Like anything else, there are critics who say a small country like Portugal is not reflective of the size or complexity of the United States. That does not remove the possibility that decriminalization of certain types and amounts of illicit drugs may be a viable option to help stem the United States' demand. Europe has started looking at a more balanced approach to the illicit drug trade. The European Monitoring Centre for Drugs and Drug Addiction reports on 30 European countries that although there is evidence that health services not only work better than incarceration, law enforcement is disproportionately prioritized over health even though health care options are usually cheaper, can stop the spread of diseases like HIV and Hepatitis, and help drug users make positive change.⁴⁶

The international community is also feeling the effects of illegal drug trafficking throughout the world and is ready and willing to assist to impede the spread of this dangerous health epidemic. The United Nations Office on Drugs and Crime has repeatedly confirmed in its World Drug Reports that efforts to eradicate and control the production of illegal drugs have largely been futile. What is more important, there is

mounting evidence that repressive drug policies fail to take into account the human factor.⁴⁷

More than three decades of scientific research show that treatment can help drug-addicted individuals stop drug use, avoid relapse and successfully recover their lives. In order to capitalize on this trend, the United States health care system should be poised and ready to act upon increased emphasis and funding as national emphasis expands to turn the tide of the drug scourge. It is time for the United States to attempt other methods in addition to law enforcement to get a handle on the effects of illegal drugs. This is especially true since evidence shows that punishment by itself, no matter how harsh, do not achieve the goal of reducing drug consumption.⁴⁸

Recommendations and Conclusion

The United States and Mexico will continue to face daunting challenges as new presidential administrations search for a more effective strategy to improve the outcomes of the struggle against drugs. Regardless of the decisions made to improve outcomes, the status quo is not enough. It is important for all sides to understand that there is no single approach to addressing the United States and Mexican struggle against drugs. In reality, there is no such thing as drug policy. As currently understood and implemented, drug policy attempts to isolate a phenomenon that cannot be taken in isolation. Economic policy is drug policy. Health care policy is drug policy. Foreign policy, too, is drug policy. When approached in isolation, drug policy almost always backfires because it does not take into account powerful economic, social and cultural forces.⁴⁹

There is a definite need to address the law enforcement criminal aspects of the illicit drug trade. One of the key areas has been to direct the fight against transnational

criminal organizations. This has resulted in some drug flow reduction successes but the reduction of drugs has done nothing to curtail the demand of illicit drugs into the United States from Mexico. A new, invigorated campaign to stem the United States' demand for illicit drugs is imperative. This should include decriminalization and comprehensive reform in the criminal sentencing policy for possession of minor amounts of drugs - to redirect and relieve pressure on the penal systems in both countries. Reform could result in drastic cost savings which, if realized, could then be funneled into mental health counseling, drug rehabilitation programs, and health care improvements on both sides of the border. Addressing the criminal aspect but not addressing demand and the health care epidemic which has resulted as a second and third order effect of the illicit drug trade, will continue to have catastrophic effects on the Mexican and United States health care systems.

Today's threats to regional peace stem from the spread of narcotics and other forms of illicit trafficking, gangs, and terrorism, the effects of which can be exacerbated by natural disasters and uneven economic opportunity. It is in the United States and Mexico's mutual interest to join together to develop regional civilian capacity to disrupt, dismantle, and defeat these threats from non-state actors.⁵⁰ In order to do this, there must be a real commitment to action and not to rhetoric. It is apparent the United States and Mexico are in partnership to address their national security challenges. Additionally, the global drug policy community is committed to reducing the supply of drugs.⁵¹

The Director of National Drug Strategy, the Departments of Defense, Justice, State, and Health and Human Services, and many other government and private sector

organizations are committed to improving the impacts of illicit drugs. There are challenges of ensuring the implementation of a coherent strategy across the entire United States Government.⁵² These partners should strongly consider an improved approach to illicit drugs with a more balanced whole of government approach. As we build on cooperation and assistance opportunities like the Merida Initiative, etc., there should to be a focus on building upon health care initiatives in addition to law enforcement and security efforts already underway. New ventures on both sides of the border must help deal with not only the physical injuries but the mental aspects of drug addiction. *The 2012 National Drug Control Policy* report of an overall 15 percent reduction in use is less than a lofty goal. More aggressive measures are needed.

Expanding the current Department of Health and Human Services and the Mexican Secretariat of Health's epidemiology collaborations is another area which could use improved emphasis. Although the Department of Justice is opposed to legalization of illicit drugs on all grounds, a formal review of current research on case studies of countries who have legalized certain drugs or put controls on illicit drugs which are controlled by the federal government is another avenue of approach to explore to see if any lessons learned may be applicable to United States policy makers.

The opportunity to reallocate funds to programs like youth AmeriCorps, other service organizations, and military service could provide at risk youths and communities with the opportunity to become more productive citizens. Finally, improved strategic communications to reach the internet generation is important in stemming demand as well. Refocusing even a small portion of the billions of dollars currently spent on law enforcement to improve prevention and rehabilitation has the potential to result in a

significant reduction in demand for illicit imports. These actions have the potential to reduce associated crime and death rates as well as reduce the stress the illicit drug trade is having on the United States health care system.

Endnotes

¹ President Barack Obama, "Palacio de La Moneda Cultural Center," Santiago, Chile, March 21, 2011, linked from the White House, Office of Press Secretary, <http://www.whitehouse.gov/the-press-office/2011/03/21/remarks-president-obama-latin-america-santiago-chile> (accessed October 30, 2012).

² Office of National Drug Control Policy, "2012 National Drug Control Strategy," v. 2012. http://www.whitehouse.gov/sites/default/files/ondcp/12_national_drug_control_strategy_executive_summary.pdf (accessed November 1, 2012).

³ Leon Panetta, *Western Hemisphere Defense Policy Statement*, Washington, October 2012: 1.

⁴ Pan American Association of Philadelphia, "Pan Americanismo," Philadelphia, November 1952, 1.

⁵ Drug Policy in the Americas, Director's remarks at the Center for Strategic and International studies, July 30, 2012. (<http://www.whitehouse.gov/ondcp/speeches/kerlikowske-remarks-csis-drug-policy-in-americas> (accessed October 18, 2012).

⁶ Bureau of Public Affairs, "The Central American Regional Security Initiative: A Shared Partnership," Department of State, August 5, 2010, <http://www.state.gov/r/pa/scp/fs/2010/145747.html> (accessed January 25, 2013).

⁷ Ibid.

⁸ OSD Policy/WHA, "Fact Sheet: U.S. Defense Cooperation in the Americas," March 15, 2011.

⁹ United States Department of Agriculture Foreign Agricultural Service, <http://www.fas.usda.gov/itp/policy/nafta/nafta.asp> (accessed October 25, 2012).

¹⁰ Isabel Mayoral Jimenez, "La pobreza en Mexico sube a 52 millones," CNN Expansion, July 29, 2011, <http://www.cnnexpansion.com/economia/2011/07/29/pobreza-mexico-2010> (accessed October, 18, 2012).

¹¹ Andrew Selee, Cynthia J. Arnson, and Eric L. Olson, *Crime and Violence in Mexico and Central America: An Evolving But Incomplete US Policy Response*. Washington: Wilson Center and Migration Policy Institut,. January 2013, 6.

¹² The World Bank, <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/0,,contentMDK:20103853~menu>

[PK:8336850~pagePK:51123644~piPK:329829~theSitePK:29708,00.html](#) (accessed December 1, 2012).

¹³ Dr. Paul Kan, "Mexico," Army War College Great Decisions lecture series.
www.youtube.com/course?list=EC8934E7D601DB4AE3 (accessed November 12, 2012).

¹⁴ Office of National Drug Control Policy, *2012 National Drug Control Strategy*, 3.
http://www.whitehouse.gov/sites/default/files/ondcp/12_national_drug_control_strategy_executive_summary.pdf (accessed November 1, 2012).

¹⁵ Tony Payan, *The Three U.S. - Mexico Border Wars*, (Greenwood Publishing Group). 2006, 12.

¹⁶ Maria Toro. *Mexico's War on Drugs: Causes and Consequences*, (Boulder: Lynne Rienner Publishers). 1995, 57.

¹⁷ Ibid.

¹⁸ *National Institutes of Health, Drug Facts: Marijuana*,
<http://www.drugabuse.gov/publications/drugfacts/marijuana> (accessed February 3, 2013).

¹⁹ Selee. 4.

²⁰ Data from: United States Department of State, Bureau for International Narcotics and Law Enforcement Affairs, *International Narcotics Control Strategy Report*, Volume I, Drug and Chemical Control, March 2010, p.6; and for 2011,
<http://www.state.gov/documents/organization/156575.pdf> (accessed December 20, 2012).

²¹ Gabriel Marcella, "The Transformation of Security in Latin America," Manuscript, US Army War College, January 2013, 2012. 6.

²² *National Institute on Drug Abuse Home Page*,
<http://www.drugabuse.gov/publications/research-reports/heroin-abuse-addiction/what-are-immediate-short-term-effects-heroin-use> (accessed February 8, 2013).

²³ <http://www.unodc.org/documents/data-and-analysis/tocta/5.Heroin.pdf> (accessed January 15, 2013).

²⁴ *National Institute on Drug Abuse Home Page*,
<http://www.drugabuse.gov/publications/drugfacts/methamphetamine> (accessed January 12, 2013).

²⁵ *National Institute on Drug Abuse Home Page*,
<http://www.drugabuse.gov/publications/drugfacts/methamphetamine> (accessed January 12, 2013).

²⁶ Connie Mack: "State Department Not Closely Tracking threat of Mexican Drug Cartels." *States News Service*, September 20, 2011.

²⁷ Christopher E. Wilson, Eric L. Olson, Miguel R. Salazar, Andrew Selee and Duncan Wood, "New Ideas for a New Era: Policy Options for the Next Stage in U.S. – Mexico Relations," Wilson Center, Mexico Institute. January 2013, 15.

²⁸ Daniel Casillas, "Se triplica número de homicidios en Mexico en los ultimos 6 años" [Number of homicides triples in Mexico in the last 6 years], *Animal Político*, August 20, 2012, <http://www.animalpolitico.com/2012/08/se-triplica-numero-de-homicidios-en-mexico-en-los-ultimos-6-anos/> (accessed January 15, 2013).

²⁹ Michael's House Home Page, Drug Use In The Military – Is It Affecting Our Troops In Battle? (<http://www.michaelshouse.com/featured-articles/drug-use-military/>) (accessed February 10, 2013).

³⁰ White House Home Page, <http://www.whitehouse.gov/ondcp/the-national-drug-control-budget-fy-2013-fundinghighlights> (accessed February 10, 2013).

³¹ Nora D. Volkow, "Substance Abuse Among the Military, Veterans, and Their Families, National Institute on Drug Abuse," <http://www.drugabuse.gov/about-nida/directors-page/messages-director/2009/12/substance-abuse-among-troops-veterans-their-families> (accessed February 10, 2013).

³² Moises Naim, "La gente mas asesina del mundo," *El País Internacional*, December 15, 2012. <http://internacional.elpais.com/internacional/2012/12/15actualidad/1355593439417099.html> (accessed December 16, 2012).

³³ Artur Domosławski (Translated from Polish to English by Hanna Siemaszko), "Drug Policy in Portugal The Benefits of Decriminalizing Drug Use", June 2011. 7.

³⁴ Tim Dickenson, "The Next Seven States to Legalize Pot," *Rolling Stone Magazine*, December 18, 2012.

³⁵ Ibid.

³⁶ Ibid.

³⁷ *Position on Marijuana*, Department of Justice, Drug Enforcement Administration. January 2011. 2.

³⁸ Timothy B. Clark, "The Dangers of Illicit Trade," *Government Executive*, 41.5 (May 2009): 50.

³⁹ Panetta, *Western Hemisphere Defense Policy Statement*, 4.

⁴⁰ Ibid.

⁴¹ <http://www.whitehouse.gov/ondcp/the-national-drug-control-budget-fy-2013-fundinghighlights> (accessed February 15, 2013).

⁴² Mack.

⁴³ Panetta, *Western Hemisphere Defense Policy Statement*, 2.

⁴⁴ Domoslawski. 25.

⁴⁵ Domosławski. 13.

⁴⁶ Daniel Wolfe and Joanne Csete, "On Drug Policy, Europe Shows Us The Money – And It's Ugly." Open Society Foundations, December 12, 2012.

⁴⁷ Domosławski. 7.

⁴⁸ Domoslawski. 4.

⁴⁹ Ryan Grim, *This is Your Country on Drugs*, (Hoboken, NJ: Wiley and Sons, 2009), 16.

⁵⁰ Panetta, *Western Hemisphere Defense Policy Statement*, 4.

⁵¹ Gil Kerlikowske, "Drug Policy in the Americas," Director's remarks at the Center for Strategic and International Studies July 30, 2012, (<http://www.whitehouse.gov/ondcp/speeches/kerlikowske-remarks-csis-drug-policy-in-americas>) (accessed October 18, 2012).

⁵² Selee. 9.

